

**DRAFT  
MINUTES**

**ADVISORY COMMITTEE MEETING  
COMMISSION FOR MH/DD/SAS**

**Holiday Inn-North  
2805 Highwoods Blvd  
Raleigh, NC 27604**

**Thursday, July 14, 2005**

**Attending:**

**Advisory Committee Members:** Chair Don Stedman, Carol Duncan Clayton, Laurie Coker, Clayton Cone, Dorothy Crawford, Ann Forbes, Ellen Holliman, Mary Kelly, Judy Lewis, Emily Moore, Dave Richard, Carl Shantzis, Jennifer Sullivan, Marvin Swartz

**Excused:** Martha Macon

**Others:** Barbara Boyce, John Crawford, Mike Mayer, Robert Kanoy, Cindy Ward

**Division Staff:** Darlene Creech, Tracy Ginn, Steven Hairston, Vanessa Holman, Stacy Silvia-Overcash

**Handouts:**

**Mailed:**

- April 14, 2005 Draft Advisory Committee minutes
- July 14, 2005 Draft Advisory Committee Agenda

**Additional Handouts:**

- July 14, 2005 Advisory Committee Agenda
- Questions for Committee members
- N.C. Community College System Healthcare Career Pathways
- Coalition 2001 – Urgent Action Alert
- Senate and House HHS Budget Comparison – June 23, 2005
- Follow-up Report to Advisory Committee members on Adult Care Facilities/Homes from Laurie Coker

**Welcome, Introductions and Approval of Minutes**

Chair Dr. Don Stedman called the meeting to order.

All members and visitors introduced themselves.

The minutes of the April 14, 2005 Advisory Committee meeting were approved.

**Workforce Development**

Don Stedman stated that the primary topic of conversation for the meeting would be Workforce Development Issues. He commented that, for initiatives relative to mental health reform to work, three things had to be present:

1. Community resources must be available at the local level,
2. Housing must be available in communities as services become more community based, and
3. Workforce members must be available to deliver services in the reformed environment.

He said there were several different workforce studies/initiatives that had been done or were being conducted at the current time. He said he does not want the Advisory Committee to repeat these efforts, but rather wants to explore what the Commission can uniquely bring to the table regarding the mh/dd/sas workforce needs.

He announced that he had invited several individuals to participate in the discussion on various aspects of workforce development. He introduced Dr. Robert Kanoy, Senior Associate Vice President for Academic and Student Affairs at UNC-CH and Dr. Barbara Boyce, Director of Continuing Education with the North Carolina Community College System. These individuals as well as Commission member Dr. Marvin Swartz, affiliated with AHEC (Duke), represent external agencies engaged in the production, training and professional development of MH/DD/SAS personnel.

Several others were invited to participate, including Dave Richard, Executive Director of the ARC of North Carolina to offer the consumer/advocacy perspective, Carol Duncan Clayton, Executive Director of the N.C. Council of Community Programs, and Mike Mayer, Executive Director of RHA, the provider perspective, both public and private. Bob Hedrick, Executive Director NC Community Support Providers Council was invited but could not attend due to illness.

Dr. Swartz noted that the mental health reform legislation actually created some pressing policy issues regarding workforce development. As the LMEs divest many in their workforce, education and training that was previously provided by public dollars now has to be provided by private dollars. This raises the question of whether the Division of MH/DD/SAS or the LMEs have some responsibility for this aspect of workforce development and also what the provider's responsibility is or should be.

Dr. Duncan-Clayton commented that responsibility for training had been something that the mh/dd/sas community had struggled with. She said that there was no written guidance on this issue but that the Division of MH/DD/SAS had said that the area programs had the responsibility for training providers on billing, recordkeeping, and how to navigate the mh/dd/sas system and those providers were responsible for developing service providers' clinical competencies. She further commented that there were two things which were needed:

1. A strategic plan at the Department of Health and Human Services level outlining the key priorities regarding workforce development, and
2. "Up front" money to help make the necessary transitions needed for the reform effort.

Judy Lewis shared information about Metrolina Disabilities Network (MDN) in the Charlotte area. MDN is a nonprofit organization of service providers in Mecklenburg and surrounding counties who have been collaborating for over 20 years. MDN is committed to promoting the values of choice, quality of life, and self-determination for people with disabilities. MDN takes an active role in promoting change in policies and procedures, legislation and service delivery in order to ensure that high-quality services are available to Mecklenburg Co. residents with disabilities.

Ms. Lewis stated that MDN had been quite successful in collaborating on training initiatives. However, she said too much time often has to be spent on "checking the boxes for auditors' checklists" which detracts from more outcome-based performance measures.

Laurie Coker echoed this idea, saying that consumers and families want training to reflect outcomes not just paper exercises.

Commission member Ellen Holliman noted that a number of public employees are leaving the field because they do not want to work in the divested environment. Many private providers do not want to work with the SPMI population. Ms. Holliman stated that a key issue centers on how to recruit a new workforce that is interested in working in the reformed environment with the target population.

Dave Richard stated that many providers do not have time to train in areas they feel are more valuable because of training requirements such as CPR. He stated that in all the years he has been affiliated with the provider community, he hasn't been aware of a single instance where CPR has been used, yet considerable energy is spent in training this skill. He also commented that compliance monitors have yet to look at a consumer; they only look at records.

Carol Duncan-Clayton commented that one of the issues that has created confusion is understanding how the Division decides what is policy and what is rule. The policy development process for Medicaid clinical policy was initially defined by S.L. 2001-424 and internal policies and procedures were developed to establish an infrastructure in which to promulgate policy. This same formalized process does not exist for the Division of MH/DD/SAS and it is difficult to discern what will become rule versus policy.

Robert Kanoy, Senior Associate Vice President for Academic and Student Affairs at UNC-CH, commented that the university gets information on manpower educational needs from two different levels:

1. An annual AHEC report outlines manpower issues/needs, and
2. Crisis situations such as the nursing/teacher shortages drive education needs.

He stated that the academic programs are set by the UNC Board of Governors and the various faculties. Without the Board of Governors' strategic plan, the nursing/teacher shortages would not have become a priority within the university system. Similar efforts with the President and the Board might be undertaken on MH/DD/SAS issues.

Barbara Boyce, Director of Continuing Education with the North Carolina Community College System (CC), stated that the 58 community colleges throughout the state rely heavily on local entities to articulate the local needs. She distributed a handout entitled "Healthcare Career Pathways" which listed the healthcare career continuing education and curriculum programs of study in the N.C. Community College System. She continued that the CC System is happy to partner with local or state agencies to expand and improve personnel training.

Laurie Coker stated that with the new rehab services being considered by the Center for Medicare and Medicaid services for implementation in N.C. in October 2005, a whole new training direction would become necessary. The medical model will no longer be the thrust of service delivery.

The members discussed several questions:

- Is there a need for a Task Force on Workforce Development?
- Is the Division of MH/DD/SAS 2004 Workforce Development Plan still pertinent?
- Is there a need to encourage a DHHS strategic plan for workforce development? If so, what would the parameters be?
- Is there a need to look at how other states may be addressing workforce development issues?
- Is there a need to look at non-mh/dd/sas workforce development initiatives to see if any strategies can be leveraged?

After considerable discussion the members agreed to:

1. Consult with Division of MH/DD/SAS leadership to align Commission and Division workforce development initiatives.
2. Develop a workforce development agenda to share with the full Commission at its fall 2005 meeting. The agenda would delineate what additional information needs to be considered and additional parties that need to come to the table.
3. Make a final determination on whether a Task Force on Workforce Development needs to be formed.

Don Stedman urged the members to share any ideas with him about how to approach this issue as soon as possible.

Dave Richard distributed two handouts, "Coalition 2001 – Urgent Action Alert" and "Senate and House HHHS Budget Comparison, June 23, 2005." He urged everyone to continue to monitor the budget situation.

Laurie Coker distributed an update on North Carolina's heavy reliance on Adult Care Facilities/Homes for housing persons with mh/dd/sa needs.

Don Stedman thanked everyone for their attendance and participation. The meeting adjourned at 1:00 p.m. after which lunch was served.

The next meeting of the Advisory Committee is October 20, 2005 at the Holiday Inn Highwoods in Raleigh at which time a plan will be presented.

**There being no further business, the meeting by consensus was adjourned.**